

CLAIMS ONLY							Application Number 10/709416		Filing Date			
							Applicant(s) 1					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED 5-4-21		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	16						Total Depend					
Total Claims	21						Total Claims					